

INTUSSUSCEPTION

and appropriate therapy is instituted. Once the disease is suspected, proving the diagnosis is usually easy. Therefore, it is important to us to be aware of the many ways that intussusception can be present.

In this conference, we have discussed two cases in which the presentation was the typical one, with symptoms of vomiting and colicky pain in a previously healthy, usually but not always male infant less than 2 years of age. An ill-defined abdominal mass may be found, with or without bloody or currant-jelly stools. We have also discussed the typical presentation in an older child with a Meckel diverticulum as the leading point. One patient presented with diarrhea, lethargy and an appearance of overwhelming illness. On admission, he was thought most likely to have sepsis. The other infant had intermittent episodes of high-pitched crying and arching of the back and was referred with a diagnosis of acute central nervous

system infection. An adolescent patient had an unusual situational presentation against a background of previous treatment for psychiatric disease. Two unusual leading points included a fluid-filled enterogenous cyst and a fecalith in a cystic structure that may have represented an appendiceal stump.

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Hazards of the CVP Catheter in the Heart

BACK IN 1970 I found a series of patients at the University of South Carolina in whom the central venous pressure catheter was placed so that the tip of it lay in the heart. A particular case years ago was a 40-year-old man with multiple trauma . . . and that man died of pericardial tamponade when the catheter tip got trapped up in the auricle, eroded through, and fluids were given into the pericardium. We found three other cases, for a total of four in a short period at our university. This occurrence has been reported since then; it happens all over the country. And I now get at least two calls a year from lawyers concerning testimony in cases in which this has happened to patients. Do not let a central venous line that you have monitoring a patient in shock sit in the heart. In my opinion, it is dangerous.

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